

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.P.		10-4-94
O.I.P.E. CLASSIFIER	M.W.	59	10-7-99
FORMALITY REVIEW		(01381)	(0-1349)

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	10/26/93
2	5/27/94
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy